

Case Number:	CM14-0112429		
Date Assigned:	09/16/2014	Date of Injury:	02/03/2010
Decision Date:	10/15/2014	UR Denial Date:	07/14/2014
Priority:	Standard	Application Received:	07/18/2014

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Occupational Medicine, and is licensed to practice in California. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

Injured worker is a male with date of injury 2/3/2010. Per primary treating physician's progress report dated 6/19/2014, the injured worker complains of right shoulder pain, bilateral elbow pain, and bilateral wrist pain. In regards to the right shoulder, he complains of pain over the anterior and posterior aspect of the shoulder. He rates his pain at 7/10. He notes pain with movement of right shoulder like reaching overhead, stretching, and reaching behind him. He denies any physical therapy. He has had injections in the shoulder but states he had no relief from them. In regards to the right elbow, he feels a "shocking" pain that runs down his arm. He rates the pain at 7-8/10. He notes pain with flexion of the elbow and when he touches the right elbow against something. He continues to do stretching exercises at home but still feels pain. He states his right elbow is worse than the left. In regards to the left elbow he complains of 7/10 pain over the medial epicondyle and musculature of the forearm. He denies any popping or locking in the elbow. In regards to the bilateral wrists, he complains of pain and tingling in the wrist. He states that any touch to his palms cause a lot of pain, especially in his left wrist. He notes popping in his left wrist. The pain in his right wrist is aggravated with lifting heavy things. He cannot lift anything heavier than 5-10 pounds. He has had two surgeries on his right upper extremity. On 5/16/2011 he had decompression of posterior interosseous nerve right forearm, release of common extensor on lateral epicondyle right elbow, and decompression of first dorsal compartment tendon sheath right wrist. On 2/4/2013, he had right carpal tunnel release and ulnar nerve decompression at the wrist. He has also had injections into the right wrist, right elbow, and right shoulder, which did not alleviate the pain. On examination of the right shoulder range of motion is flexion 110 degrees, extension 60 degrees, abduction 100 degrees, external rotation (side) 45 degrees, external rotation (90 degrees) 90 degrees, and internal rotation (90 degrees) 70 degrees. There is tenderness to palpation over the AC joint, biceps tendon, and trapezius. There

is no skin hypersensitivity. There is pain with range of motion. The joint is stable and tracks well with range of motion. There is no instability with manipulation or weight bearing. Neer's is positive, Hawkin's is positive, O'Brien's is positive. Left elbow range of motion is flexion 150 degrees, extension 0 degrees, pronation 70 degrees, and supination 85 degrees. There is tenderness to palpation over the medical epicondyle. There is skin hypersensitivity. There is no pain with range of motion. Right wrist and hand range of motion is flexion 75 degrees, extension 70 degrees, radial deviation 20 degrees, ulnar deviation 35 degrees, pronation 70 degrees, and supination 85 degrees. There is tenderness to palpation over the entire wrist. There is skin hypersensitivity. There is no pain with range of motion. Tinel's is positive, Phalen's is positive, and Finklestein's is positive. Left wrist and hand examination range of motion is flexion 75 degrees, extension 70 degrees, radial deviation 20 degrees, ulnar deviation 35 degrees, pronation 70 degrees, supination 85 degrees. There is tenderness to palpation over the medial aspect of the wrist. There is no skin hypersensitivity and no pain with range of motion. Tinel's is positive, Phalen's is positive, and Finklestein's is positive. Diagnoses include 1) right shoulder impingement 2) right shoulder SLAP lesion 3) right shoulder rotator cuff tendinosis 4) right elbow lateral epicondylitis status post nerve decompressing 5) left elbow medial epicondylitis 6) right wrist carpal tunnel syndrome, status post carpal tunnel release 7) bilateral wrist DeQuervain's.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

8 Physical Therapy for Right Shoulder, Bilateral Elbows, and Bilateral Wrists: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Section Page(s): 98-99.

Decision rationale: The MTUS Guidelines recommend Physical Therapy focused on active therapy to restore flexibility, strength, endurance, function, range of motion and alleviate discomfort. The MTUS Guidelines support physical therapy that is providing a documented benefit. Physical therapy should be provided at a decreasing frequency (from up to 3 visits per week to 1 or less) as the guided therapy becomes replaced by a self-directed home exercise program. The physical medicine guidelines recommend myalgia and myositis, unspecified; receive 9-10 visits over 8 weeks. The claims administrator reports that the clinical reports did not discuss prior therapy treatment of the patient. The number of sessions completed for each body part is unknown as well as the dates of last service. There is also no objective evidence to show that prior therapy resulted to significant improvement was not presented as well. This review notes that the injured worker is reported to not have received any physical therapy. The request for 8 Physical Therapy for Right Shoulder, Bilateral Elbows, and Bilateral Wrists is determined to be medically necessary.